

The Distinction Between Sympathy and Empathy: To Call Forth a Concept, A Word Is Needed

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In this article I explore the ways in which *sympathy* and *empathy* have been used in psychology and suggest that these terms (a) have different historical roots, (b) have been utilized in different research paradigms, and (c) have been involved in different kinds of theorizing. Briefly, sympathy refers to the heightened awareness of another's plight as something to be alleviated. Empathy refers to the attempt of one self-aware self to understand the subjective experiences of another self. Sympathy is a way of relating. Empathy is a way of knowing. I suggest that these are different psychological processes and that the differences between them should not be obfuscated.

Many years ago Lavoisier (1789/1790) wrote that "It is impossible to dissociate language from science or science from language . . . to call forth a concept a word is needed" (p. xiv-xv). The purpose of this article is to clarify two words, *sympathy* and *empathy*, and to distinguish the concepts they call forth. Of course, the important questions are why individuals are moved to sympathy or empathy, under what conditions, and for whom. But problems of terminology are important, too, "not because there are usually right or wrong answers to them," as Simon (1982) wrote, "but because unless we settle them we will not understand each other" (p. 333). Others have made the same point recently about the concept of emotion (Berscheid, 1984) and theory (Lazarus, 1984).

The confusion between sympathy and empathy has already been noted by psychologists and others knowledgeable in this area. Eisenberg and Lennon (1983) observed that "the cognitive ability to discern others' internal states was sometimes called 'sympathy' as well as empathy, although the term *sympathy* was also used to denote an affective response to another's emotional state" (p. 101). Langer (1972) wrote that "Empathy is sometimes equated with sympathy, but is really something else" (p. 129). And Olinick (1984) commented that "a problem occurs with 'empathy' and 'sympathy'—a blurring of distinctions between the two exists" (p. 317). The purpose of this article, therefore, is to try to clarify and rehabilitate these two concepts. I will summarize the histories of sympathy and empathy to date, draw some distinctions between them based on the kinds of research and theorizing in which they have been used, provide definitions based on these distinctions, and discuss the implications thereof. At the end I will suggest that sympathy and empathy are two different psychological processes, and maintain that they should not be called by the same word.

The Concept of Sympathy

Sympathy has a long history in social and developmental psychology. The Greek *sympatheia*, or the Latin *sympathia*, means literally "with" (syn) "suffering" (pathos). It was through David Hume (1739/1968) and Adam Smith (1759/1976) that the concept of sympathy was introduced into the behavioral sciences. They used it in connection with their discussions of moral motivation and moral development. In Hume's psychology the concept of sympathy was necessary to explain how human beings could know, think, and feel about the feelings of others. But Hume was not clear about what he meant by sympathy, and he later (1777/1902) used the term *benevolence*. Smith was influenced by Hume, but his moral philosophy and his conception of sympathy were different. The concept of sympathy was important in Hume's system, but it was the cynosure of Smith's. In his *Theory of Moral Sentiments* (1759/1976), Smith wrote,

How selfish soever man may be supposed there are evidently some principles in his nature which interest him in the fortunes of others, and render their happiness necessary to him, although he derives nothing from it except the pleasure of seeing it. (p. 47)

Although, as he wrote, we have no "conception of what are his sensations," yet "by changing places in fancy with the sufferer . . . we come either to conceive or to be affected by what he feels . . ." (p. 48). Sympathy for Smith was a way of feeling for others by putting ourselves in their situations (Macfie, 1959). Thus, in a few lucid sentences Smith addressed the origin of sympathy, its object, its motivation, and its reward. He took the position that sympathy was an innate endowment, instigated by the perception of the fortunes of others whom one wanted to see happy, for purely altruistic reasons. Smith thus provided the classic description of sympathy, upon which little improvement has since been made.

Darwin (1871) knew Smith's analysis of sympathy, and the concept of sympathy appeared repeatedly in his discussion of the evolution of morality. He referred to it as an "all-important emotion" (p. 478). The fruition of Darwin's instinct theory and its impact upon psychology, however, came through McDougall's influential *Introduction to Social Psychology* (1908/1912).

I am indebted to C. Daniel Batson, M. Brewster Smith, Richard Solomon, Christopher Swoyer, three anonymous reviewers, and the editor for many unusually helpful comments.

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McDougall had a sophisticated tripartite theory of instincts, in which the affective core of the instinct remained constant, whereas the cognitive and the conative portions were modifiable. In McDougall's instinct theory each emotion could be aroused either by the actual object that possessed the capacity to evoke it or by the perception of its manifestations in conspecifics—through what he called “a special perception inlet (or recipient afferent part)” (p. 93), into the particular instinct. By this “primitive form of sympathy” human beings “respond in this direct fashion to the expressions of the feelings and emotions of our fellow-men” (pp. 92–94). But there was also in man another kind of sympathy McDougall called “active sympathy,” which involved a self-conscious desire for emotional harmony, especially among equals. Active sympathy is a reciprocal relationship involving similar sentiments, in which either person not only can experience the other person's emotions but also wants the other person to share his or her emotions; and when the reciprocity is actualized, one's joys are enhanced and one's pain diminished. But why, McDougall asked, should one strive for active sympathetic interaction with another? This is a question for all sympathy theorists who maintain, as McDougall did, that sympathy is not an instinct. McDougall's answer was that sharing positive emotions with others leads to their intensification by way of primitive sympathy. But, of course, this would also apply to negative emotions. So something more must be involved. This, according to McDougall, was the gregarious instinct, which led men (and animals) to seek the companionship of their kind whenever one of the other instincts was excited. Thus the root of active sympathy was in the gregarious instinct (pp. 170–171). Although the gregarious instinct might bring people together, active sympathy promoted cooperation and compassion.

Neither primitive passive sympathy nor active sympathy had anything directly to do with altruism or higher moral conduct. Primitive sympathy was a kind of perceptual explanation for emotional contagion. Active sympathy when conjoined with affection for a “specialized” person came closer to communion, or as McDougall (1908/1912) wrote, “Then that sympathy, in the fullest sense of the word, is achieved” (p. 173).

When F. Allport (1924) restated in conditioning terms much of McDougall's work, the concept of sympathy retained its importance as one of the elementary responses to social stimuli and as “one of the most vital forces of society” (p. 238). But of course, Allport rejected McDougall's instinct theory. “A theory far more plausible than that of instinctive induction of emotions,” he wrote in his classic *Social Psychology* (1924), “is the principle of conditioned emotional response” (p. 235). The emphasis was on the instigating conditions and past experiences with emotional expressions in others. “Sympathy is an emotional habit,” Allport wrote, “evoked as a conditioned response to some element common to both the original and the present situation” (p. 239). A person does not react sympathetically because of the fear perceived in the expressions of another but because of the genuine fear based on having learned that when someone shows emotions there is usually something to be afraid of. Allport, like McDougall, argued that sympathy itself had no moral value but that it provided the basis for moral development.

Interestingly enough, Brown's (1936) enormously popular *Psychology and the Social Order* correctly mentioned Hume and Smith as having used *sympathy* for the first time in social psy-

chology. Brown then integrated sympathy into Lewin's concept of “membership characteristics” (p. 93)—independently investigated later by Hornstein (1978).

So far, then, the concept of sympathy has been used in McDougall's (1908/1912) instinct theory, F. Allport's (1924) conditioning theory, and Brown's (1936) field theory of social psychology. We now turn to another area in psychology in which the concept of sympathy was used: developmental psychology. For example, Baldwin (1897) noted that in sympathy “the external and indeed the internal boundaries between you and me are swept away, and I feel your calamity really as my own” (p. 224). He distinguished between two kinds of sympathy, an “organic” and a “reflective,” and, even more important, he related sympathy and altruism. He wrote that “the movements take on a general attitude as of proffering help to the individual toward whom the sympathy is directed” (p. 221). As psychology became more experimental, the concept of sympathy followed suit. In one of the earliest studies of sympathy, Boeck (1909) sent questionnaires to parents for information about instances of sympathy in their children. Washburn (1935) incorporated sympathy in a social adjustment investigation, and Berne (1930), Bathurst (1933), and Murphy (1937) studied sympathy in nursery school children, using rating scales of sympathetic behavior, projective tests, and interviews with teachers and parents. They showed that sympathy in children is a well-defined characteristic and that it had manifold expressions that could be investigated. Lenrow (1965) later studied the roots of sympathy, supporting Hoffman (1963), who had emphasized the role of parental affection in the child's emotional development.

Despite this substantial history, the concept of sympathy fell into theoretical and terminological disfavor in social psychology. Asch used it in his *Social Psychology* (1952) and Heider used it systematically in his *Psychology of Interpersonal Relations* (1958), but most of the social psychology texts of the 1950s and 1960s did not even reference it. With a few exceptions (Beck, 1956; Haensel, 1946; Hofstatter, 1956), sympathy received little attention even in Germany after Scheler's (1912/1954) classic work. In one important recent exception, however, Piliavin, Dovidio, Gaertner, and Clark (1981) eventually evoked the concept of sympathy to allow for a selfless innate arousal to another's crisis—although these authors preferred the term *empathy*. Our conclusion perforce must agree with G. Allport's (1968) that “psychologists . . . devote far more attention to aggressive, hostile, prejudiced behavior than to the softer acts of sympathy and love, which are equally important ingredients of social life” (p. 28).

The Concept of Empathy

The term *empathy* is of comparatively recent origin, having been coined by Titchener, in his *Elementary Psychology of the Thought Processes* (1909). Here he wrote,

Not only do I see gravity and modesty and pride and courtesy and stateliness, but I feel or act them in the mind's muscle. That is, I suppose, a simple case of empathy, if we may coin that term as a rendering of *Einfühlung*. (p. 21)

Conceptually, however, the notion of empathy, or *Einfühlung*, grew out of earlier works in aesthetics by Visser (Wind, 1963, p. 150) and in psychology by Lipps (1903, 1905) and Prandtl (1910).

Lipps (1903) was one of the most important in this connection because he systematically organized the concept of *Einfühlung*. He meant by it the tendency for the perceivers to project themselves into the objects of perception—a kind of animism. This process may blur the distinction between self and object, but Lipps maintained that it was from one's feelings of various inner activities in connection with both social and physical objects of perception that one became aware of such experiences as the ponderousness of the huge object, the nobility in one's bearing, and so forth. These subjective qualities were experienced by the person as being *in* the object rather than *about* it. Objects were felt as well as seen.

When Titchener (1909) translated Lipps's notion of *Einfühlung* as *empathy*, by way of the Greek *empathēia*, he meant to preserve the idea of the self projected into the perceived object. Although eventually he shifted his emphasis from internal acts to content, what he meant by empathy was complicated and changeable. When he coined the term, Titchener thought one could not know about the consciousness of another person by reasoning analogically from one's own behaviors to those of the other person. One could do this only by a kind of inner kinesthetic imitation, as he wrote, "in the mind's muscle." But by his *A Beginner's Psychology* (1915) the concept of empathy had grown in importance. He wrote, "empathic ideas are psychologically interesting, because they are the converse of perception: Their core is imaginal, and their context is made up of sensations that carry the empathic meaning" (p. 198). Empathy then referred to the subject's awareness in imagination of the emotions of another person. But he went on to write that empathic tendencies were also "gross general tendencies . . . to humanize and personalize our surroundings" (p. 205) that provided for a kind of "freemasonry among all men" (p. 293). Titchener thus harbingered two different concepts of empathy—as a way of knowing another's affect and as a kind of social-cognitive bonding.

As far as the term and the concept of *empathy* were concerned, there could hardly have been a more advantageous introduction to the psychological jargon than by Titchener himself. Although it was put to good use by other people not professionally identified with psychology (Cottrell, 1950; Kohut, 1959; Mead, 1934), it found its champions among clinical and social psychologists (Berger, 1962; Berger & Hadley, 1975; Bernal & Berger, 1976; Cartwright, 1948; Dymond, 1949; Hastdorf & Bender, 1952; Markovsky & Berger, 1983; Mehrabian & Epstein, 1972; Rogers, 1951, 1957, 1975; Truax, 1967). (Good recent general reviews of empathy can be found in Eisenberg & Lennon, 1983, and in Hornblow, 1980.) By the 1950s and 1960s when the debates about methodological differences in psychotherapy were heated, Rogers (1951, 1957) was using the term *empathy* to focus on the need for the therapist to try to "live the attitudes of the other" (1951, p. 29). Rogers' use of the term *empathy* was probably closer to what Titchener meant by it. However, the Rogerians were less concerned with the nature of empathy than with finding an acceptable term for their insistence upon emotional understanding and openness between client and therapist.

During roughly this same period, American psychologists became interested in *person perception* (Bruner & Tagiuri, 1954; Heider, 1958). Person perception and empathy are obviously related, and they led to a concern about one's ability to judge accurately another person's characteristics (Taft, 1955) and some

related problems (Bender & Hastdorf, 1953; Gage & Cronbach, 1955). Rogers's emphasis on objectivity encouraged various measures of empathic ability. Most of the earlier sympathy scales involved imaginative role taking. Empathy was then measured in terms of predictive accuracy (Truax, 1967). Eventually the distinction between cognitive and affective empathy was raised, and the content of empathy scales shifted in the direction of *emotional empathy* (Mehrabian & Epstein, 1972), for which self-report items were concerned with the respondents' emotional reactions to others' emotions. The idea that empathy should affect one's social roles was taken over by Hogan (1975), who redefined empathy as a noncognitive social intelligence. Most recently Davis (1983) analyzed empathy in four separate but related self-report subscales—perspective taking, fantasy, empathic concern, and personal distress—that show some interesting but not strong correlations with other measures of social functioning. By this time the value of empathy for all kinds of psychotherapists was generally acknowledged (Kohut, 1959, 1980; Rogers, 1975), and the term—as opposed to the concept—was being widely used in social psychological research.

Empathy Research

It must be made clear that whatever will be written about empathy applies in principle also to the concept of sympathy. As a matter of fact, however, there has been so little recent research on so-called sympathy that the discussion must be in terms of empathy and empathy research. But all the same, questions raised about empathy can and should be raised with regard to the concept of sympathy. Future research and theorizing, whether labeled *sympathy* or *empathy*, must take cognizance of these issues.

The point is that empathy—however defined—has become the word of choice in psychology. Even in psychoanalysis, Olinick (1984) wrote that "Empathy is becoming a 'buzz' word, signifying what formerly was the domain of sympathy" (p. 137). And it is at least arguable that the explanatory term in many of the recent helping and altruism studies would have been called *sympathy* rather than *empathy* had these studies been done earlier. G. Allport (1968) pointed out that "psychological analysis depends to a considerable degree upon the categories of language available to the analyst" (p. 27). One could speculate about this change in language from *sympathy* to *empathy*, but first we will consider some empathy research in an attempt to assess its construct validity. Four different approaches have been used to investigate what has been called empathy: (a) vicarious conditioning, (b) differential attributions, (c) empathic helping, and (d) empathy capacity (scales) and helping.

In the vicarious conditioning paradigm, a subject's "vicarious emotional response" is conditioned to the inference that another person (model) is experiencing some kind of emotional reaction following the onset of a buzzer or light (Aronfreed, 1968; Bandura & Rosenthal, 1966; Baron, 1970a, 1970b; Berger, 1962; Bernal & Berger, 1976; Craig & Lowery, 1969; Markovsky & Berger, 1983). But Berger (1962) noted that not every vicarious conditioned response is empathy because a sadist who enjoyed watching suffering would also produce a physiological reaction (p. 452). Moreover, a recent important review by Green and Osborne

(1985) raised serious questions about whether vicarious instigation has any empirical support.

A second approach used the attribution finding that actors make more situational attributions, whereas observers offer more dispositional explanations (Fiske, Taylor, Etcoff, & Laufer, 1979; Galper, 1976; Regan & Totten, 1975). These studies tried to change the perspectives of the subjects from observers to actors by instructions "to empathize." Although the instructions varied ("imagine," "empathize and imagine," "feel," "think about," etc.), Galper (1976) and Regan and Totten (1975) did produce more situational attributions, although Fiske et al. (1979) were unable to reproduce these results.

A third approach used helping behavior as the dependent variable by arranging the experimental situation so that whatever helping occurred could from some viewpoint be considered empathic (Adelman & Berkowitz, 1970; Coke, Batson, & McDavis, 1978; Krebs, 1975). These studies tried to get subjects emotionally involved, but the results were mixed. In the Adelman and Berkowitz study there were no significant helping differences due to the instructions. Krebs combined the vicarious instigation technique with Stotland's (1969) similarity manipulation to obtain several psychophysiological measures as well as helping. But the interpretation of these results is questionable in light of the Green and Osborne (1985) review. Perhaps general arousal (as in Piliavin et al., 1981) rather than empathy is an explanation. Coke et al. did show that subjects who heard a tape about a woman in distress who could not misattribute their arousal to a pill were more helpful.

The fourth approach related helping behavior to some kind of empathy scale (Archer, Diaz-Loving, Gollwitzer, Davis, & Foushee, 1981; Batson, Duncan, Ackerman, Buckley, & Birch, 1981; Batson, O'Quin, Fultz, Vanderplas, & Isen, 1983; Coke et al., 1978, Study 2; Toi & Batson, 1982). Helping was elicited by a taped broadcast of a woman in need of assistance (Coke et al., 1978) and a videotape of a student (confederate) receiving random shocks during a digital-recall test (Batson et al., 1981; Batson, O'Quin, et al., 1983). Instructions varied ("try to imagine," "imagine how [the victim] felt," "observe," etc.) with escape and false-feedback manipulations included. A personal distress scale ("alarmed," "upset," etc.) and an empathy scale ("sympathetic," "tender," "warm," etc.) were used. Generally they found that aroused subjects who were higher on the empathy scale were more helpful. Archer et al. replicated the Coke et al., Study 2, and found that the interaction of high dispositional empathy, as measured on the Mehrabian and Epstein (1972) scale, and demand characteristics produced the most help under high arousal and the least under low arousal. The demand characteristics manipulations in the Archer et al. study are unclear (Batson, Coke, & Pych, 1983), but the Mehrabian and Epstein empathy scale was a valuable contribution because it removed the possibility of a confound from at least one measure of empathy and helping.

The most obvious conclusion to be drawn from the different studies is that empathy is a difficult phenomenon to demonstrate experimentally. There are at least three aspects to this problem of experimental empathy. They are different, but related, and they apply to the concept of sympathy as well as empathy. The three aspects of the problem are (a) the ambiguity of the term *empathy*, (b) the indefinite and inconsistent way empathy has been operationally defined, and (c) the problem of knowing

whether a given operationalization really measures a given psychological state.

The crux of the problem is that although empathy is a word in common usage—which probably makes matters worse—there is little agreement among psychologists about the construct, or the process, of empathy. For example, Eisenberg and Lennon (1983) in their extensive review noted that "the categories of research . . . differ from one another with regard to definition of empathy" (p. 103). Clark (1980) also wrote that "the literature does neglect a clear definition and a comprehensive theoretical approach" (p. 187). These investigators, as well as others (Hogan, 1975; Hornblow, 1980; Olinick, 1984), noted that an accepted definition of empathy in psychology was difficult to obtain. Because empathy may mean different things to different investigators, they investigate it in different ways. Many researchers who say they are studying *empathy* may be studying something else. As a result it is hard to know whether we have one concept treated differently, or two or more different concepts. Moreover, although the "empathic way of life" described by Rogers (1975) may be related to some of the empathy scales, neither Rogerian counselor empathy nor empathy scales have been much used in experimental studies by the same name.

It is nonetheless possible that these various approaches and operational definitions really do provide different ways of measuring what is in fact the same underlying concept—just as a yardstick and radar, apparently quite different, both can measure physical distance. If this were so, we could then say that the concept of empathy had acquired what Cronbach and Meehl (1955) called *construct validity*. We need to remember that construct validity implies a generally accepted set of instructions or procedures as an adequate approach to whatever is being measured. Unfortunately, this does not seem to be the case. Hornblow (1980) expressed the same reservations after reviewing the literature. He wrote, "Empathy measures which are currently widely used differ as to their theoretical origins, the operational definitions on which they are based, and the measurement procedures employed" (p. 25). Eisenberg and Lennon (1983) made a similar point (p. 301).

One of the main reasons for the lack of construct validity is that in the absence of a concise, shared definition of empathy, quite different instructions have been used to induce empathy. This is clear even in the brief review above. But how should one try to induce empathy? Should subjects be told to empathize? Or should they be given synonyms of empathy? Or should the instructions relate only to performance on the dependent variable? Empathy researchers are in a dilemma. If they instruct subjects to empathize, the subjects do not know what empathy means—as Batson, O'Quin, et al., (1983, p. 710) clearly indicated—so they do not know what to do. If the investigators use any of the various cognitive or affective terms putatively related to empathy, either alone or in conjunction with empathize, it becomes even more difficult to infer the subjects' mental states. Finally, many empathy theorists maintain that empathy is an innate capacity, like learning or memory, and the right experimental setting will elicit empathic responding, which can then be measured. In addition, almost all of the studies included various instructions to "take the place of the other person." As a matter of fact, all of the ways have been tried, although relations between instruction wordings and empathy outcomes were rarely

considered. But sometimes instructions affected outcomes. Fiske et al. (1979), for example, did find that instructions to imagine rather than to empathize were better for recall of vantage-point items.

In sum, then, the evidence offers no strong support for construct validity for empathy, however crude. Instructions can use different terms as long as they are tied together in some manner; logical reasoning, inductive support, or confirmable predictions. But a posteriori interpretations will not suffice. In cases in which different instructions or procedures are used without any specific justifications, the differences are unrelated to outcomes, or they produce different outcomes, one must recognize that the construct is still too loosely defined (Cronbach & Meehl, 1955).

Definitions of Sympathy and Empathy

The concepts of sympathy and empathy are frequently confused, and both have been variously and vaguely defined. Empathy has often been characterized as "vicarious" (Hoffman, 1981), but vicarious means the imaginative participation of one person for another. So this characterization begs the question. It substitutes one ambiguous term for another difficult one. Similarly, empathy is said to involve "changing places in fancy" (Smith, 1976), but this is metaphorical. Some regard empathy as an instance of "perspective taking" (Underwood & Moore, 1982), whereas others prefer "role-taking" (Mead, 1934). In the absence of reasonably precise definitions, it is hard to know how these terms differ from sympathy or empathy, or how they differ among themselves. All probably involve the imaginative transposition of the ego of the perceiver, a complicated and little-understood process at this time. But to try to understand these processes, it may help, as Simon (1982) and Berscheid (1984) have noted, if we can at least understand one another. So in an attempt to clarify the concepts of sympathy and empathy, the following definitions are suggested.

Sympathy refers to the heightened awareness of the suffering of another person as something to be alleviated. There are two aspects to this definition of sympathy. The first makes reference to the increased sensitivity to the emotions of the other person. Sympathy intensifies both the representation and the internal reaction to the other person's predicament. The second aspect involves the urge to take whatever mitigating actions are necessary; that is, in sympathy the suffering of the other person is experienced immediately as something to be alleviated (Mercer, 1972; Nagel, 1970; Olinick, 1984). And even if one person is unable to help the other person, the feeling of compassion and the urge to help can arise anyway.¹ *Empathy*, on the other hand, refers to the attempt by one self-aware self to comprehend unjudgmentally the positive and negative experiences of another self. These emotions and reactions are often unclearly understood by the other person, as Rogers (1975, p. 4) said, so one important aspect of this process is empathic accuracy inasmuch as the purpose of empathy is often (but not necessarily) to provide understanding for one, or both, parties. Empathy depends upon the use of imaginal and mimetic capacities, and it is most often an effortful process.

Between sympathy and empathy there are certain subtle distinctions. It is crucial to point these out. In empathy the self is

the vehicle for understanding, and it never loses its own identity. The feelings, as Barrett-Lennard (1962) said about empathy, are "in the other." By contrast, sympathy is concerned with communion rather than accuracy, and self-awareness is reduced rather than augmented. In empathy, the empathizer "reaches out" for the other person. In sympathy, the sympathizer is "moved by" the other person. In empathy, we substitute ourselves for the others. In sympathy, we substitute others for ourselves. To know what it would be like if I were the other person is empathy. To know what it would be like to *be* that other person is sympathy. In empathy I act "*as if*" (Rogers, 1975, p. 3) I were the other person. In sympathy I *am* the other person (Macfie, 1959, p. 213). The object of empathy is to "understand" the other person. The object of sympathy is the other person's "well-being." The most important problem for empathy is the problem of empathic accuracy. This means, as Rogers (1975) wrote, "frequently checking with him/her as to the accuracy of your sensing, and being guided by the response you receive" (p. 4). The most important problem for sympathy is a conceptual one: *How* does one open oneself to the immediate reality of another's subjective experiences?

In brief, empathy is a way of "knowing." Sympathy is a way of "relating." They are different processes, with different implications and consequences, to which we now turn.

Implications for Research

The best reason in science for considering new ways of looking at concepts is that they will lead to new research or to fruitful ways of looking at past research and ideas. The proposed definitions of sympathy and empathy suggest a somewhat different approach to research as well as draw attention to some negative aspects of sympathy and empathy that are often neglected. I will first discuss some research basic to both sympathy and empathy and then suggest some of the implications of the proposed definitions for sympathy and then empathy.

One of the most important questions about sympathy and empathy is *how* the person does it, how the other person—the experimenter, client, or sufferer—*knows* when someone else is sympathizing or empathizing, and *what* the sympathizer or empathizer feels when he or she is doing it. Perhaps this ability to transpose the ego is a unitary process common to both sympathy and empathy? Or perhaps two different processes are involved,

¹ *Sympathy* is defined in terms of negative emotions. Some readers may find this puzzling, but there are good reasons for it. First, sympathy is more than a generalized compassion. It is exactly the psychological process that involves the painful awareness of someone else's affliction as something to be relieved. (See Mercer, 1972, and Nagel, 1970, for similar positions.) This precludes *sympathizing* with someone's happiness because why, except for malicious reasons, would anyone want to terminate another's happiness? Instead, in English one says that he or she *rejoices* with another's happiness. Second, there is growing evidence that the expressions of positive and negative emotions instigate different psychophysiological processes (Davidson & Fox, 1982; Dimburg, 1982; Ekman, Friesen, & Ancoli, 1980). Thus, whatever is stimulated by the perception of negative emotions would be different from what would be stimulated by positive emotions and not properly subsumed under the same rubric.

one peculiar to sympathy and another for empathy? At any rate, almost no research has been directed toward understanding the processes of sympathy and empathy as such. Titchener (1909) tried to analyze these processes subjectively, but recent developments in psychophysiological techniques provide a method for more objective exploration (Alfert, 1966; Berger & Hadley, 1975; Dimburg, 1982; Ekman, Friesen, & Ancoli, 1980; Ekman, Levenson, & Friesen, 1983; Markovsky & Berger, 1983). It might be possible to learn more about the differences between "seeing" and "feeling" pain; for example, which is the crux of the sympathy-empathy problem? Does "sympathetic pain" differ from "real" pain, and how? Or is "empathic joy" more arousing than "real" joy? Similarly, it might be possible to measure autonomic and neuromuscular correlates of differences in sympathetic or empathic capacity as measured by one of the empathy scales.

In regard now to the proposed definition of sympathy, one of its virtues is that it translates readily into testable hypotheses about the act, or inclination to help (donate, intervene, etc.) another person. It designates a particular kind of helping behavior with claims that can be verified. Space permits only a few suggestions, but, for example, it follows from the proposed definition that sympathy-motivated helping would be more persistent than other kinds of helping. Because the sympathizer is oriented toward the welfare of the other person(s), he or she is less concerned with "internal costs." Sympathy-oriented helping should also occur more rapidly because the trial and comparative labeling of the empathic process is not an integral part of sympathy. It is even arguable that empathy might impede helping behavior. Because accuracy is the goal of empathy, a little more time might give the empathizer a more accurate reading of the other person's situation. Finally, it must be noted that sympathy-oriented actions involve approval of the object of one's sympathy in a way that empathy does not. It might be hard to muster sympathy for a murderer, but one could empathize with that person in order to try to understand him or her, while still disapproving of his or her actions. Eventually a family of curves could be developed to see how sympathy-motivated behavior toward others compares with personal gratification (Batson, O'Quin, et al., 1983), guilt (Carlsmith & Gross, 1969; Konečni, 1972), aggression, general arousal (Piliavin et al., 1981), and so forth. Although some work along these lines has already been done, the sympathy variable was rarely clearly defined and manipulated.

Another interesting hypothesis deriving from the proposed definitions is that sympathetic behavior can more often be erroneous. Sympathy does not facilitate accurate assessments. One cannot be sympathetic and objective. Sympathy lends itself to emotional distortions. This possibility could be tested attributionally in the laboratory and in a more practical sense by personal histories. Sympathy is also not the mode for therapeutic interaction. Sympathy can lead to closer emotional identification and to peremptory rescue actions in the patient's behalf. It can also lead to a romanticized version of the patient's neurosis or insanity as the only recourse in a mad world. Compassionate understanding is one thing in therapy; sympathy is another.

Finally, it must be noted that the capacity for sympathy is accompanied by a vulnerability in everyday life. On the one hand there can be a "surfeit of sympathy," wherein some people allow themselves to be controlled by others who would prey upon them, impede their freedom, and paralyze initiative. Reciprocally,

there are those who exploit others' capacity for sympathy, using the other's sympathy for manipulative purposes. Finally, there are those who use real or feigned need for sympathy to control the sympathizer—the "power of dependence" (Schopler & Bateson, 1965).

Because the concept of empathy until recently has been used more by personality and clinical psychologists, the implications for the proposed definition of empathy run more along those lines. For example, the question of empathy for whom, and how it is affected, has been of interest to clinical psychologists. Is empathy influenced by proximity? Similarity? Time? Kohut (1980) maintained that clinical empathy decreased as differences increased. The book *Alcoholics Anonymous* (1976) says "one alcoholic could affect another as no nonalcoholic could" (p. xvi), and "recovery begins when one alcoholic talks to another alcoholic, sharing experiences, strength and hope" (p. xxii). This reasoning severely limits the scope of empathy—and sympathy—but the issues remain largely unexplored.

As in the case of sympathy, uncritical use of the concept of empathy has ignored the possibility that empathy is not always a positive force in interpersonal relationships. There can be good and bad, appropriate and inappropriate uses of empathy. Kohut (1980) and Rogers (1975) maintained that empathy properly used provided a value-free way of obtaining information about the subjective side of other people. Objectively used empathy can lead to an understanding of the patient's predicament, in keeping with the person's feelings about it, and to helpful verbal intervention. On the other hand, there is also agreement that empathy is a process and that the process must be distinguished from the product. Even Rogers (1975) emphasized the need to proceed cautiously when entering the client's perceptual world. As a process, clinical empathy is a somewhat evenly suspended, objective attitude, similar to, but less harsh than, Freud's (1912/1958) famous dictum that psychotherapists, like surgeons, must put aside their human sympathies. But even with the best intentions, empathy can be misused. There are inherent dangers in it. Despite attempts to remain unjudgmental, entering another's private world can have disruptive illusions of power, and the image of a corporeal sexual identity with another can be exciting and misleading.

In other kinds of interpersonal relations, apart from therapy, the proposed definition alerts one that empathy can be not only perverted but also abused. For example, it has been said that the Nazis attached howling devices to their dive bombers during World War II to create fear and panic among those about to be bombed. In this instance, their accurate use of empathy allowed them to predict the impact of their inventions. This also raises the interesting question about the connection between empathy and hostility—to which future empathy research might profitably be directed. Abhorrent as these questions are, it is arguable that an empathic enemy may be preferable to one lacking in empathy. The Nazi's version of an impersonal, unfeeling, machinelike destruction—characterized in English as *extermination*—strikes fear at the deepest level of personality organization (Kohut, 1980).

Finally, these implications lead to important considerations about the psychology of rehabilitation. Future research in this area might investigate the hypothesis that criminals lacking in empathic capacity make the poorest possibilities for rehabilitation. Punishment leads to expiation and more crime. These con-

siderations suggest that empathy training might do better (see Rotenberg, 1974).

Summary

The proposed definitions make clear that sympathy refers to the process whereby the pain of the sufferer is brought home to the observer, leading to an unselfish concern for the other person. Empathy refers to the process whereby one person tries to understand accurately the subjectivity of another person, without prejudice. Although both have as their object the emotions of another person—the sufferer or the client—they are different psychological processes. They have different implications for research, and the differences are important—enough so that the distinction between them should not be obfuscated.

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Received January 17, 1985

Revision received August 19, 1985 ■